U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey Insurance Component

## HEALTH INSURANCE COST STUDY BROCHURE EXTRACTION

## **INSTRUCTIONS**

The MEPS-11C(B), Brochure Extraction, is to be completed for all health insurance plans offered AT THIS GOVERNMENT UNIT.												
	GENERAL PLAN INFORMATION											
		FOR CENSUS USE ONLY  100										
1a.	For 2001, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?  Examples:  • Blue Cross Blue Shield, High Option • Option A • Aetna HMO	Name of plan										
b.	What was the name of the insurance company or carrier providing this plan?  Examples:  • Blue Cross Blue Shield • Alliance • Charter Health  If self-insured, enter the government name.	Name of insurance carrier										
2.	Which type of health care provider was available through this plan?  Exclusive providers – Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.  Any providers – Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.  Mixture of preferred and any providers – Enrollees may go to any provider but there is a cost incentive to use a particular group of providers.	103 1 Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)  2 Any providers (Examples: Most fee-for-service plans)  3 Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)										
3.	Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?  For plans with multiple options, answer for the "in-network" option.	1 104 1 Yes 2 No 3 Don't Know										

INDIVIDUAL DEDUCTIBLES										
<b>4</b> a.	Did this plan have a deductible?  Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services.  Many HMOs do not have a deductible.	   151           	1 ☐ Yes – Continue with Question 4b 2 ☐ No – SKIP to Question 6a							
b.	What was the annual deductible an individual paid?  Report deductibles for care received "in-network" from preferred providers, if applicable.  If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.  If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 6 on the next page.	146	Separate deductibles for:  \$							
<b>5</b> a.	Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?	DUC   224     1 	TIBLES  1 ☐ Yes – Continue with Question 5b  2 ☐ No – SKIP to Question 5c  3 ☐ Family coverage not offered – SKIP to Question 6a							
b.	How many family members were required to meet their individual deductibles before the family deductible was met?	   150   	Number of family members							
C.	What was the total annual deductible a family paid?  Report for a family of four.	   149     	\$ . 0 0 Total annual family deductible							

PAYMENTS								
6a.	Was hospital care covered under this plan?	   155     	1 ☐ Yes – Continue with Question 6b 2 ☐ No – SKIP to Question 6c					
b.	After any annual deductible was met how much and/or what percentage of the total bill did an enrollee pay OUT-OF-POCKET for an inpatient hospital stay?	152       	\$ . 0 0 Copayment paid by enrollee for hospital stay					
	Out-of-pocket expense – Those costs paid directly by the enrollee.  Some plans may have both a dollar copayment and a percentage coinsurance.  Report for precertified hospital stays (if applicable).	154           153	1 Per day 2 Per stay  AND/OR					
	Report the copayment for a stay at an "in-network"/ participating hospital (if applicable).  Do not include any physician charges incurred during the hospital stay.	 	% Coinsurance paid by enrollee					
C.	Was physician care covered under this plan?	   218     	1 ☐ Yes – Continue with Question 6d 2 ☐ No – SKIP to Question 7a					
d.	How much and/or what percentage of the total bill did an enrollee pay OUT-OF-POCKET for an office visit after any annual deductible was met?  Out-of-pocket expense – Those costs paid directly by the enrollee.  Some plans may have both a dollar copayment and a percentage coinsurance.  Report for an "in-network"/participating general practitioner during normal office hours.	156           157     	\$ . 0 0 Copayment paid by enrollee for office visit  AND/OR  Coinsurance paid by enrollee					
7a.	Include all copayments and deductibles.  What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?  Out-of-pocket expense – Those costs paid directly by the enrollee.  This is often referred to as a catastrophic limit.	   161   161       163   163	S OR No individual maximum					
b.	What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?	162               222	\$					
8a.	What was the MAXIMUM amount this plan would have paid for an enrollee over his/her LIFETIME?	   159           158 	S , , , . 0 0  OR  No lifetime maximum					
b.	What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?	160   1           221   1	\$ , , , . 0 0  OR  □ No annual maximum					

PLAN CHARA	ACTERISTICS			
9. Which of the services listed were covered by this plan?	 	Yes (1)	No (2)	Don't know (3)
Mark (X) all that apply.	164 Routine mammograms			
	Adult preventive care (office visits and tests)			
	Well-baby/well-child care (office visits and tests)			
	173 Chiropractic care			
	Outpatient prescriptions			
	   587 Routine vision care			
	I 176 Routine dental care			
	177 Orthodontic care			
	180 Inpatient mental illness			
	l 181 Outpatient mental illness			
	Alcohol/substance abuse treatment			